



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C051222

1. DATE OF REPORT <u>3/10/06</u>	OFFICE USE ONLY <u>17</u>
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE <u>Citizens to Elect Jamilah Nashed</u>	
3. COMMITTEE MAILING ADDRESS <u>4710 Lee Apt I</u> CITY / STATE / ZIP <u>St. Louis Mo. 63115</u>	4. COMMITTEE TELEPHONE NUMBER <u>314-385-6293</u>
5. TREASURER'S NAME <u>Felicia Brooks</u>	
6. TREASURER'S MAILING ADDRESS <u>4710 Lee Apt 2</u> CITY / STATE / ZIP <u>St. Louis Mo. 63115</u>	7. TREASURER'S TELEPHONE NUMBER HOME: <u>314-601-3816</u> WORK:
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS <u>N/A</u> CITY / STATE / ZIP <u>N/A</u>	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: <u>N/A</u> WORK:
11. DATE OF ELECTION <u>8/8/06</u>	12. TYPE OF ELECTION (CHECK ONE) <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM <u>1/1/06</u> THROUGH <u>3/31/06</u>	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY <u>Citizens to Elect Jamilah Nashed</u> <u>314-385-6293</u> <u>State Representative</u> <u>District 60</u> <u>Democrat</u> <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> Jan 15 <input checked="" type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 30 DAYS AFTER ELECTION <input checked="" type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____ <div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"><p>MISSOURI ETHICS COMMISSION APR 21 2006</p></div>
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. <u>Felicia Brooks</u> TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. <u>Jamilah Nashed</u> CANDIDATE'S SIGNATURE



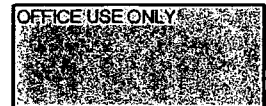
Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE <i>Citizens to Elect James L. Washburn</i>	DATE OF REPORT <i>3/10/06</i>	OFFICE/USE ONLY
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RECEIPTS	A. THIS PERIOD	B. THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ <i>13025</i>	MONEY ON HAND	
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ <i>8860</i>			
3. ALL LOANS RECEIVED THIS PERIOD	+ \$			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$			
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ <i>8860</i>			
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS, ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ <i>10414</i>
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ <i>8860</i>		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ \$ <i>8860</i>
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	- \$		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	- \$ <i>3066</i>
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$ <i>21,885</i>	a) Disbursements By Check \$ <i>3066</i> b) Disbursements By Cash \$	
EXPENDITURES	A. THIS PERIOD	B. THIS ELECTION	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ <i>16208</i>
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ <i>2011</i>	INDEBTEDNESS	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ <i>3066</i>			
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ \$			
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$			
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ <i>3066</i>			
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ <i>5077</i>	29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	30. LOANS RECEIVED THIS PERIOD	+ \$
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ <i>660</i>	31. NEW DEBTS INCURRED THIS PERIOD	+ \$
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ <i>—</i>		32. PAYMENTS MADE ON LOANS THIS PERIOD	- \$
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$ <i>—</i>		33. CREDITS RECEIVED ON LOANS THIS PERIOD	- \$
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ <i>—</i>		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	- \$
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$ <i>600</i>	35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$
OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION		
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$			
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$			
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$			
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$			



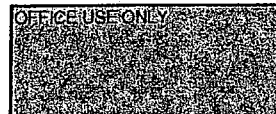
MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
INSTRUCTIONS ON REVERSE SIDE



1. NAME OF COMMITTEE <i>Citizens to Elect Jamilah Nasheed</i>		2. REPORT DATE <i>3/10/06</i>	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: <i>Unique Painting</i> ADDRESS: <i>3410y Ave</i> CITY / STATE: <i>St. Louis Mo 63147</i> EMPLOYER: <i>St. Louis Mo 63147</i> <input type="checkbox"/> COMMITTEE:		<i>1/11/06</i> \$ <i>100</i>	\$ <i>100</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Eric C. Rhone</i> ADDRESS: <i>4311 McPherson</i> CITY / STATE: <i>St. Louis Mo. 63108</i> EMPLOYER: <i>St. Louis Mo. 63108</i> <input type="checkbox"/> COMMITTEE:		<i>1/10/06</i> \$ <i>200</i>	\$ <i>200</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Romney scales</i> ADDRESS: <i>5007 Natural Bridge</i> CITY / STATE: <i>St. Louis Mo. 63115</i> EMPLOYER: <i>St. Louis Mo. 63115</i> <input type="checkbox"/> COMMITTEE:		<i>1/23/06</i> \$ <i>300</i>	\$ <i>300</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Harris Cab Company</i> ADDRESS: <i>3740 Enright</i> CITY / STATE: <i>St. Louis Mo. 63108</i> EMPLOYER: <i>St. Louis Mo. 63108</i> <input type="checkbox"/> COMMITTEE:		<i>2/10/06</i> \$ <i>300</i>	\$ <i>300</i> <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Tucker's Investment</i> ADDRESS: <i>2800 N Grand</i> CITY / STATE: <i>St. Louis Mo. 63107</i> EMPLOYER: <i>St. Louis Mo. 63107</i> <input type="checkbox"/> COMMITTEE:		<i>2/8/06</i> \$ <i>200</i>	\$ <i>200</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$ <i>1100</i>
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+ \$ <i>4760</i>
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$ <i>8860</i>
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS			\$
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)			AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A			\$
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS			\$
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS			\$
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			\$
C. LOANS RECEIVED		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
15. NAME AND ADDRESS OF LENDER NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)			\$
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES			\$
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)			\$
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			\$
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL



NAME OF COMMITTEE: *Letters to Elad Gamallah Nasheed* DATE: *3/10/06*

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: <i>Supreme Consulting Group</i> ADDRESS: <i>5261 Delmar</i> CITY / STATE: <i>St. Louis Mo. 63108</i> EMPLOYER: <input type="checkbox"/> COMMITTEE: <i>St. Louis Mo. 63108</i>	<i>2/9/06</i> \$ <i>150</i>	\$ <i>150</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Theodore Becker</i> ADDRESS: <i>6114 Sherry Ave</i> CITY / STATE: <i>St. Louis Mo. 63136</i> EMPLOYER: <input type="checkbox"/> COMMITTEE: <i>St. Louis Mo. 63136</i>	<i>1/27/06</i> \$ <i>60</i>	\$ <i>60</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>58th Democratic Legislative Dist</i> ADDRESS: <i>1401 Comet Dr</i> CITY / STATE: <i>St. Louis Mo. 63137</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE: <i>St. Louis Mo. 63137</i>	<i>2/12/06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>People for Eliamin Senate</i> ADDRESS: <i>5058 Durant Ave</i> CITY / STATE: <i>St. Louis Mo. 63115</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE: <i>St. Louis Mo. 63115</i>	<i>2/10/06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>RUDOLF Smith</i> ADDRESS: <i>240 Millidge Dr</i> CITY / STATE: <i>Moscow Mo 63362</i> EMPLOYER: <input type="checkbox"/> COMMITTEE: <i>Moscow Mo 63362</i>	<i>2/7/06</i> \$ <i>50</i>	\$ <i>50</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Building Investment Group</i> ADDRESS: <i>7250 A Natural Bridge</i> CITY / STATE: <i>St. Louis Mo. 63121</i> EMPLOYER: <input type="checkbox"/> COMMITTEE: <i>St. Louis Mo. 63121</i>	<i>2/7/06</i> \$ <i>300</i>	\$ <i>300</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>INKOSI</i> ADDRESS: <i>5261 Delmar</i> CITY / STATE: <i>St. Louis Mo. 63108</i> EMPLOYER: <input type="checkbox"/> COMMITTEE: <i>St. Louis Mo. 63108</i>	<i>2/9/06</i> \$ <i>150</i>	\$ <i>150</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>58th Democratic Legislative Dist</i> ADDRESS: <i>1401 Comet Dr</i> CITY / STATE: <i>St. Louis Mo. 63137</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE: <i>St. Louis Mo. 63137</i>	<i>2/22/06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$ <i>1685</i>

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

DATE

INSTRUCTIONS

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Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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A. ITEMIZED CONTRIBUTIONS RECEIVED

FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.

3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)

NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE	4. DATE RECEIVED AGGREGATE TO DATE \$	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND) \$ <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: 7 Eleven ADDRESS: 341 Hampshire CITY / STATE: St. Louis Mo. 63116 EMPLOYER: <input type="checkbox"/> COMMITTEE:	3/7/06 \$ 250	\$ 250 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Pat A Schroyer ADDRESS: 288 Woodcliff CITY / STATE: Chesterfield Mo 63005 EMPLOYER: <input type="checkbox"/> COMMITTEE:	3/8/06 \$ 325.00	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Pipefitters Voluntary Political, ed ADDRESS: 12385 Laramore CITY / STATE: St. Louis Mo. 63138 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	3/31/06 \$ 325	\$ 325 <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Institutional & Public Employees ADDRESS: Local 410 CITY / STATE: EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	3/31/06 \$ 150	\$ 150 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Stepney Bros. auto ADDRESS: 5232-44 Natural Bridge CITY / STATE: St. Louis Mo. 63115 EMPLOYER: <input type="checkbox"/> COMMITTEE:	3/31/06 \$ 100	\$ 100 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Donnell Smith ADDRESS: 6 Winbermere CITY / STATE: St. Louis Mo. 63112 EMPLOYER: <input type="checkbox"/> COMMITTEE:	3/31/06 \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Raphael Williams ADDRESS: 7577 ahern CITY / STATE: St. Louis Mo. 63130 EMPLOYER: <input type="checkbox"/> COMMITTEE:	3/31/06 \$ 250	\$ 250 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Odonna Davis ADDRESS: 2639 Iowa CITY / STATE: St. Louis Mo. 63118 EMPLOYER: <input type="checkbox"/> COMMITTEE:	3/27/06 \$ 325	\$ 325 <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$ 2050

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



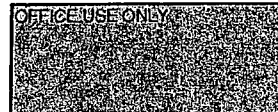
MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE		DATE
Citizens to Elect Immanuel Washeed		3/10/06
INSTRUCTIONS		
<p>PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.</p> <p>Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.</p> <p>If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.</p>		
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		
NAME: Robert Clark ADDRESS: 2199 Innerbelt Business Center CITY / STATE: St. Louis Mo. 63114 EMPLOYER: St. Louis Mo. 63114 <input type="checkbox"/> COMMITTEE:	3/7/06 \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Larry Chapman ADDRESS: 2199 Innerbelt Business Center CITY / STATE: St. Louis Mo. 63114 EMPLOYER: St. Louis Mo. 63114 <input type="checkbox"/> COMMITTEE:	3/7/06 \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: 8900 Natural Bridge ADDRESS: 2199 Innerbelt Business Center CITY / STATE: St. Louis Mo. 63114 EMPLOYER: St. Louis Mo. 63114 <input type="checkbox"/> COMMITTEE:	3/8/06 \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Technology Drive ADDRESS: 2199 Innerbelt Business Center CITY / STATE: St. Louis Mo. 63114 EMPLOYER: St. Louis Mo. 63114 <input type="checkbox"/> COMMITTEE:	3/8/06 \$ 325	\$ 325 <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Clayco ADDRESS: 2199 Innerbelt Business Center CITY / STATE: St. Louis Mo. 63114 EMPLOYER: St. Louis Mo. 63114 <input type="checkbox"/> COMMITTEE:	3/9/06 \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: William Young ADDRESS: 6420 Ebergreen CITY / STATE: St. Louis Mo. 63134 EMPLOYER: St. Louis Mo. 63134 <input type="checkbox"/> COMMITTEE:	3/9/06 \$ 200	\$ 200 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Rebecca L Bennett ADDRESS: 620 Dover Place CITY / STATE: St. Louis Mo. 63111 EMPLOYER: St. Louis Mo. 63111 <input type="checkbox"/> COMMITTEE:	3/12/06 \$ 200	\$ 200 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: McKunney's Hauling ADDRESS: 301 S 15th Street CITY / STATE: E St. Louis, Ill 62207 EMPLOYER: E St. Louis, Ill 62207 <input type="checkbox"/> COMMITTEE:	3/16/06 \$ 200	\$ 200 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$ 2225
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL



NAME OF COMMITTEE: Citizens to Elect Samiah Nasheed DATE: 3/10/06

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: <u>Ashanti Mitchell</u> ADDRESS: <u>829 Marinas</u> CITY / STATE: <u>St. Louis MO 63137</u> EMPLOYER: <u>St. Louis MO 63137</u> <input type="checkbox"/> COMMITTEE:	<u>3/27/06</u> \$ <u>325</u>	\$ <u>325</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>James Buchanan</u> ADDRESS: <u>41717 Lewis Place</u> CITY / STATE: <u>St. Louis MO 63113</u> EMPLOYER: <u>St. Louis MO 63113</u> <input type="checkbox"/> COMMITTEE:	<u>3/29/06</u> \$ <u>25</u>	\$ <u>25</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>Natalie Blackwell</u> ADDRESS: <u>4105 Bruneton Greens Dr</u> CITY / STATE: <u>Bruneton MO 63044</u> EMPLOYER: <u>Bruneton MO 63044</u> <input type="checkbox"/> COMMITTEE:	<u>3/24/06</u> \$ <u>100</u>	\$ <u>100</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>Kenneth Green</u> ADDRESS: <u>4221 Clarence</u> CITY / STATE: <u>St. Louis MO 63115</u> EMPLOYER: <u>St. Louis MO 63115</u> <input type="checkbox"/> COMMITTEE:	<u>3/29/06</u> \$ <u>100</u>	\$ <u>100</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>Huck & Eppenberger</u> ADDRESS: <u>190 Carondelet</u> CITY / STATE: <u>St. Louis MO 63105</u> EMPLOYER: <u>St. Louis MO 63105</u> <input type="checkbox"/> COMMITTEE:	<u>3/27/06</u> \$ <u>200</u>	\$ <u>200</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>Donald Austin</u> ADDRESS: <u>5712 Pamplin Pl</u> CITY / STATE: <u>St. Louis MO 63136</u> EMPLOYER: <u>St. Louis MO 63136</u> <input type="checkbox"/> COMMITTEE:	<u>3/27/06</u> \$ <u>300</u>	\$ <u>300</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>Malik Ahmed</u> ADDRESS: <u>6519 Bartomen</u> CITY / STATE: <u>St. Louis MO 63115</u> EMPLOYER: <u>St. Louis MO 63115</u> <input type="checkbox"/> COMMITTEE:	<u>3/27/06</u> \$ <u>50</u>	\$ <u>50</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>James Muhammad</u> ADDRESS: <u>5712 Pamplin Pl</u> CITY / STATE: <u>St. Louis MO 63136</u> EMPLOYER: <u>St. Louis MO 63136</u> <input type="checkbox"/> COMMITTEE:	<u>3/27/06</u> \$ <u>200</u>	\$ <u>200</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$ <u>1300</u>

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

DATE

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: Financial First Focus ADDRESS: 8822 Partridge Ave CITY / STATE: St. Louis Mo. 63147 EMPLOYER: <input type="checkbox"/> COMMITTEE: <input checked="" type="checkbox"/>	4/7/06 \$ 200	\$ 200 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Raphael O. Morris ADDRESS: 2258 Florissant Dr CITY / STATE: Florissant Mo 63031 EMPLOYER: <input type="checkbox"/> COMMITTEE: <input checked="" type="checkbox"/>	4/7/06 \$ 100	\$ 100 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Darrel Piggie ADDRESS: 675 N Euclid CITY / STATE: St. Louis Mo 63108 EMPLOYER: <input type="checkbox"/> COMMITTEE: <input checked="" type="checkbox"/>	1/20/06 \$ 100	\$ 100 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Nate Adams ADDRESS: 3915 Shreve CITY / STATE: St. Louis Mo 63115 EMPLOYER: <input type="checkbox"/> COMMITTEE: <input checked="" type="checkbox"/>	1/26/06 \$ 100	\$ 100 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$ 500

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
INSTRUCTIONS ON REVERSE SIDE



1. NAME OF COMMITTEE <i>Citizens to Elect Jamilah Nash</i>		2. REPORT DATE <i>3/10/06</i>	
A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)		4. AMOUNT PAID OR INCURRED THIS PERIOD	
3. CATEGORY OF EXPENDITURE			
		\$	
		\$	
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)		\$	
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES		+ \$	
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)		\$	
B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	
8. NAME AND ADDRESS OF RECIPIENT		9. DATE	11. AMOUNT THIS PERIOD
NAME: <i>Zachary Keys</i> ADDRESS: <i>8953 Boston</i> CITY / STATE: <i>St. Louis Mo. 63121</i>		<i>1/3/06</i>	\$ <i>365</i> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <i>Economail Mail</i> ADDRESS: <i>10426 Lackland Rd</i> CITY / STATE: <i>St. Louis Mo 63114</i>		<i>1/26/06</i>	\$ <i>591</i> <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <i>Somepress Printing</i> ADDRESS: <i>P.O. Box 360342</i> CITY / STATE: <i>St. Louis Mo. 63130</i>		<i>1/14/06</i>	\$ <i>485</i> <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <i>Jmhosi Printing</i> ADDRESS: <i>5261 Delmar</i> CITY / STATE: <i>St. Louis Mo. 63108</i>		<i>1/11/06</i>	\$ <i>100</i> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <i>WGNV</i> ADDRESS: <i>2650 Lemay</i> CITY / STATE: <i>St. Louis Mo. 63108</i>		<i>2/15/06</i>	\$ <i>475</i> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)		\$ <i>2016</i>	
13. SUBTOTAL: ANY ATTACHED PAGES		+ \$ <i>1050</i>	
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)		\$ <i>3066</i>	
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)		\$ <i>3066</i>	
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD		\$ <i>3066</i>	
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD		\$	
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT		\$	
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)		\$	
C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)			
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE		21. DATE	22. AMOUNT
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)		\$	
24. SUBTOTAL: ANY ATTACHED PAGES		+ \$	
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		\$	
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT		\$	
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)		\$	
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT		\$	



MISSOURI ETHICS COMMISSION
EXPENDITURES MADE - SUPPLEMENTAL FORM



NAME OF COMMITTEE

Celebration to Elect Emanuel Nashed

DATE

3/10/06

INSTRUCTIONS

PURPOSE: The purpose of the Expenditures Made supplement is to provide a printed outline for attaching additional pages to Form CD3 (Expenditures and Contributions Made). This form should be used as additional space for reporting itemized expenditures over \$100 and all payments to campaign workers. This form may be reproduced as needed.

Total all itemized expenditures at the bottom of the page and carry to item 13 (Subtotal: From Any Attached Pages) on Form CD-3.

If further information is needed concerning reporting itemized expenditures, see Form CD-3 Instructions.

ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS
TO CAMPAIGN WORKERS

NAME AND ADDRESS OF RECIPIENT

DATE

PURPOSE - (IF PAYMENT
WAS TO A CAMPAIGN
WORKER, SHOW
AGGREGATE PAID)

AMOUNT PAID OR
INCURRED THIS PERIOD

Zackery Keys
8953 Boston
St. Louis Mo. 63121

2/19/06

Installing
Signs

\$ 300

Eugene Wallace
P.O. 4633
St. Louis Mo 63108

2/24/06

Campaign
worker

\$ 100

Somerset Printing
P.O. Box 3003421
St. Louis Mo. 63130

3/3/06

Printing

\$ 150

Zackery Keys
8953 Boston
St. Louis Mo 63121

3/8/06

Installing
Signs

\$ 400

Zackery Keys
8953 Boston
St. Louis Mo. 63121

4/7/06

Installing
Signs

\$ 100

TOTAL: ITEMIZED EXPENDITURES

(CARRY TO ITEM 13 "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)

\$ 1050